Please type a plus sign (+) inside this box  $\longrightarrow$  X

III Can The Bridge of the Brid

PTO/SB/01 (10-00) Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

			Attorney Docket Nun	nber	1888-174	
	ON F DES	FOR UTILITY OR	First Named Inventor		Armer J. Willenbrin	ıg
	_	PLICATION	COMPLE	ETE IF	KNOWN	
		R 1.63)	Application Number			
			Filing Date	Febi	ruary 6, 2001	
★ Declaration     Submitted	OR	<ul> <li>Declaration</li> <li>Submitted after Initial</li> </ul>	Group Art Unit			
with Initial Filing		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			

As a below named inventor, I her	reby declare that:			
My residence, mailing address, and	d citizenship are as stat	ed below next to my na	ame.	
I believe I am the original, first and names are listed below) of the subj	sole inventor (if only or ect matter which is clai	ne name is listed below med and for which a pa	v) or an original, firs atent is sought on t	t and joint inventor (if plural he invention entitled:
BULK VESSEL FEEDER	λ			
the specification of which	(T	itle of the Invention)		
is attached hereto		as United	States Application I	Number or PCT International
☐ was filed on (MM/DD/YYYY)			<b></b>	(if applicable).
Application Number	and was a	mended on (MM/DD/Y	YYY)	
I hereby state that I have reviewed amended by any amendment spec			entified specification	n, including the claims, as
I acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the	nation which became a	vailable between the til	as defined in 37 CF ling date of the prio	R 1 56, including for continuation- r application and the national or
I hereby claim foreign priority ben- certificate, or 365(a) of any PCT in America, listed below and have certificate, or any PCT international	nternational application also identified below.	which designated at loby checking the box.	east one country of any foreign applic	ther than the United States of ation for patent or inventor's
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	e Priority Not Claimed	Certified Copy Attached? YES NO
☐ Additional foreign application r	numbers are listed on a	supplemental priority	data sheet PTO/SB	/02B attached hereto:
I hereby claim the benefit under	35 U.S.C. 119(e) of an	y United States provisi	onal application(s)	listed below.
Application Number(s)	Filing Date	e (MM/DD/YYYY)	numbers supplem	al provisional application are listed on a ental priority data sheet 02B attached hereto.

[Page 1 of 2]

Burden Hour Statement This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

PTO/\$B/01 (10-00) Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

#### **DECLARATION** — Utility or Design Patent Application

• Directair correspondence to:	Customer Number or Bar Code Label			OR (	Correspondence address below
		2247	71		
Name		PATENT TRADEHAR	K OFFICE		
Address					
Address			ı		
City		<del></del>	State		ZIP
Country	Telepho	one			Fax
I hereby declare that all statements ma are believed to be true; and further tha made are punishable by fine or impriso validity of the application or any patent i	nt these statements wandents or both, unde	vere made wit	th the kn	iowledge that willfi	ul false statements and the like so
NAME OF SOLE OR FIRST INV	'ENTOR :		A petiti	on has been fil	ed for this unsigned inventor
Given Name (first and middle [if any]) Armer J	ſ <b>.</b>	i	Family or Surn	1A1 ! 1 3	Lenbring
Inventor's Am Will	enling				FEO 2, 200/ Date
Residence: City Minnetonka	/	State MN	Į į	Country US	Citizenship USA
Mailing Address 2505 Pine Ci	rcle				
Mailing Address					
City Minnetonka	State MN		ZIP -	55305	Country US
NAME OF SECOND INVENTOR	<b>:</b>		A petiti	ion has been fil	ed for this unsigned inventor
Given Name (first and middle [if any])	т.	}	Family or Surn	Hanar	ng
Inventor's Signature	junt 1.	1			Date 2/2/01
Residence: City Bloomington	>	State MN	J	Country US	Citizenship USA
Mailing Address 9103 Blaisde	el Ave.				
Mailing Address	T				
City Bloomington	State MN		ZIP 55	5420	Country US
Additional inventors are being named	d on the $1$ supplem	nental Addition			O/SB/02A attached hereto.

PTO/SB/02A (11-00)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

#### **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

			······································		
Name of Additional Joint Inventor, if an	y:		A petition has been	filed for th	nis unsigned inventor
Given Name (first and middle [if any])		Family Name or Surname			
Jon P.	- - - - -		Lindquist		
Inventor's Signature					Date 62/02/01
Residence: City Blaine	State MN	C	ountry US	(	Citizenship USA
Mailing Address 11421 Terrace Rd. N	NE				
Mailing Address					
City Blaine	State MN		ZIP 55434	Countr	y US
Name of Additional Joint Inventor, if an	y:	A	A petition has been fi	led for this	s unsigned inventor
Given Name (first and middle [if any])			Family N	ame or S	urname
		:    - 			
Inventor's Signature					Date
Residence: City	State	c	ountry		Citizenship
Mailing Address		_			
			<u> </u>		
Mailing Address	<del></del>				
City	State	, many distriction of the second	ZIP	Cour	ntry
Name of Additional Joint Inventor, if an	ıy:	□ A	petition has been file	ed for this	unsigned inventor
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature					Date
Residence: City	State		Country		Citizenship
Mailing Address					
Mailing Address		···		····	
City	State	 	ZIP	Co	ountry

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

 $\longrightarrow X$ 

PTO/SB/81 (10-00)

Approved for use through 10/31/2002 OMB 0651-0035 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

### POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	February 6, 2001
First Named Inventor	Armer J. Willenbring
Group Art Unit	
Examiner Name	
Attorney Docket Number	1888-174

I hereby appoint:		
X Practitioners at 0  OR Practitioner(s) na	Customer Number 22471 med below:	Number da Code  Label here  PATENT TRADEMARK OFFICE
	Name	Registration Number
	r agent(s) to prosecute the application States Patent and Trademark Office co	
The above-mention	espondence address for the above-ider ed Customer Number.	ntified application to:
OR Firm or		
Firm or Individual Name		
Address		
Address		
City		State Zip
Country		
Telephone		Fax
I am the:  X Applicant/Invente	or.	
_	ord of the entire interest. See 37 CFR 3 or 37 CFR 3.73(b) is enclosed. (Form P	
	SIGNATURE of Applicant or Assign	nee of Record
Name Armo	er J. Willenbring	
Signature A	um 11) ille li	
Date FE	3 2 2001	
NOTE: Signatures of all the inver	ntors or assignees of record of the entire interes	t or their representative(s) are required. Submit multiple
forms if more than one signature  KK*Total of 3 for	is required, see below*.  ms are submitted	
וטומוטו אם וטומטו אם	nio are submitted	

Please type a plus sign (+) inside this box -

**→** X

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035 U.S Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	February 6, 2001
First Named Inventor	Armer J. Willenbring
Group Art Unit	
Examiner Name	
Attorney Docket Number	1888-174

I hereby appoint:		
X Practitioners at C	sustomer Number 22471	Number La Code
OR (1)		Label here
Practitioner(s) na		PATENT TRADEHARK OFFICE
<u></u>	Name	Registration Number
as my/our attorney(s) o		ion identified above, and to transact all
business in the United S	States Patent and Trademark Office	connected therewith.
	spondence address for the above-ic	dentified application to:
The above-mention	ed Customer Number.	
OR		
Firm or		
Individual Name  Address		
Address		
City		State Zip
Country		
Telephone		Fax
I am the:		
X Applicant/Invento	or.	
Assignee of reco	ord of the entire interest. See 37 CF	R 3 71
	r 37 CFR 3.73(b) is enclosed. (Form	
	SIGNATURE of Applicant or Ass	signee of Record
Name Ro	dney E. Haning	
Signature	alm & Hours	
Date 2/2		2
NOTE: Signatures of all the inver forms if more than one signature	itors or assignees of record of the entire into is required, see below*	erest or their representative(s) are required. Submit multiple
	rms are submitted.	

Please type a plus sign (+) inside this box —

**→** X

PTO/SB/81 (10-00)

Approved for use through 10/31/2002 OMB 0651-0035 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

### POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	February 6, 2001
First Named Inventor	Armer J. Willenbring
Group Art Unit	
Examiner Name	
Attorney Docket Number	1888-174

	oners at Customer Number	22471		Number 4a7 Code
OR Practition	oner(s) named below:			PATENT TRADEHARK OFFICE
rractite	Name		Regi	stration Number
	TVario		rtogi	od adon reambon
	emper(a) or agant(a) to proces	outs the application id	antified abo	vo. and to transact all
•	orney(s) or agent(s) to prosect e United States Patent and T			
			e. ,	,
$\overline{}$	e the correspondence address		fied applica	tion to:
The above	e-mentioned Customer Numb	er.		
OR				
Firm or Individual N	Name			
Address	vairie			
Address				
City			State	Zip
			····	
Country			ax	
Country Telephone		F	ux !	
		F	ux_j	
Telephone I am the:	ant/Inventor.	F	U.AI	
Telephone I am the: X Applica				
Telephone I am the: X Applica Assign	ent/Inventor.  ee of record of the entire intendent under 37 CFR 3.73(b) is	erest. See 37 CFR 3.7	'1.	
Telephone I am the: X Applica Assign	ee of record of the entire intenent under 37 CFR 3.73(b) is	erest. See 37 CFR 3.7 enclosed. (Form PTC	'1. D/SB/96).	
Telephone I am the: X Applica Assign	ee of record of the entire intenent under 37 CFR 3.73(b) is	erest. See 37 CFR 3.7	'1. D/SB/96).	
Telephone I am the: X Applica Assign	ee of record of the entire intenent under 37 CFR 3.73(b) is	erest. See 37 CFR 3.7 enclosed. (Form PTC	'1. D/SB/96).	
Telephone I am the: X Applica Assign Statem	ee of record of the entire intenent under 37 CFR 3.73(b) is	erest. See 37 CFR 3.7 enclosed. (Form PTC	'1. D/SB/96).	
Telephone I am the: X Applica Assign Statem Name	ee of record of the entire intenent under 37 CFR 3.73(b) is  SIGNATURE of  Jon P. Lindquis	erest. See 37 CFR 3.7 enclosed. (Form PTC	'1. D/SB/96).	
Telephone I am the: X Application Assign Statem Name Signature Date OTE: Signatures of	ee of record of the entire intenent under 37 CFR 3.73(b) is	erest. See 37 CFR 3.7 enclosed. (Form PTC Applicant or Assigne t  cord of the entire interest o	1. D/SB/96). e of Record	ntative(s) are required. Submit mu